ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

County _Gila_   State _Arizona_

District or Township _Miami_   or Village _____

City _Miami_   No. _Miami Insp. Hospital_ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child _Lola Lee_
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child _Female_

To be answered ONLY in event of plural births.

4. Twin, triplet or other _____

5. No., in order of birth _____

6. Legitimate? _yes_

7. Date of birth _June 10 - 1927_
Month   Day   Year

8. FATHER	14. MOTHER
Full name _Arthur Lee_	Full maiden name _Leah McNeil_
9. Residence (Usual place of abode) _Miami_ If non-resident, give place and state. _Arizona_	15. Residence (Usual place of abode) _Miami_ If non-resident, give place and state. _Arizona_
10. Color or race _Cauc._ 11. Age at last birthday _20_ (Years)	16. Color or race _Cauc._ 17. Age at last birthday _19_ (Years)
12. Birthplace (city or place) _Thatcher_ (State or country) _Arizona_	18. Birthplace (city or place) _Shiprock,_ (State or country) _New Mex._
13. Occupation Nature of industry _Miner_	19. Occupation Nature of industry _Housewife_

20. Number of children of this mother _____
(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living _1_
(b) Born alive but now dead _____
(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? _yes_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _born alive_ at _11 30_ P. m. on the date above stated
(Born alive or stillborn)

Signature _Cyril M. Crow M.D._
Physician
(Physician or midwife).

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report _____
Month, day, year
_335 - 610 - 343_
Registrar

Address _Miami, Arizona_

Filed _Aug 11, 1927_   _G. E. Dorn_
Registrar